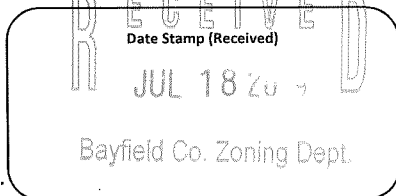


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0247
Date:	7-26-19
Amount Paid:	\$75 7-18-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

\$75

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: Peter & Katherine Rottier Trustees		Mailing Address: 3 Brady Place		City/State/Zip: Menlo Park, CA 94025		Telephone:			
Address of Property: 43350 Harmon Dr.		City/State/Zip: Cable, WI 54821		- 3377		Cell Phone: (650) 269-9655			
Contractor: Will Billington (715)		Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Ralph Rottier (630)		Agent Phone: 240-5807		Agent Mailing Address (include City/State/Zip): see below		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION	Legal Description: (Use Tax Statement)			Tax ID# 24682		Recorded Document: (Showing Ownership) 2017R 567356			
1/4, 1/4		Gov't Lot 2	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) No.	Block(s) No.	Subdivision:
Section 14, Township 43 N, Range 6 W		Town of: Namakagon			Lot Size		Acreage 1.034		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 52 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System is on the property?	Type of Water on property
\$ 5,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)		Walkout	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/>		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 28	Height: 24
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
<input type="checkbox"/> Commercial Use		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) shed roof under eave	(7' x 6')	42
	<input type="checkbox"/>	Accessory Building (specify) _____	(40' x 6')	240
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: Ralph Rottier
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 7/10/19

Address to send permit 23040 GARMISCH RD, CABLE, WI 54821

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road <i>Harmen Dr</i>	200 Feet	Setback from the Lake (ordinary high-water mark)	52 Feet
Setback from the Established Right-of-Way	180+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line <i>Lake Town Rd</i>	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line <i>Lake</i>	65 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	70 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	10 Feet
Setback to Drain Field	100 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

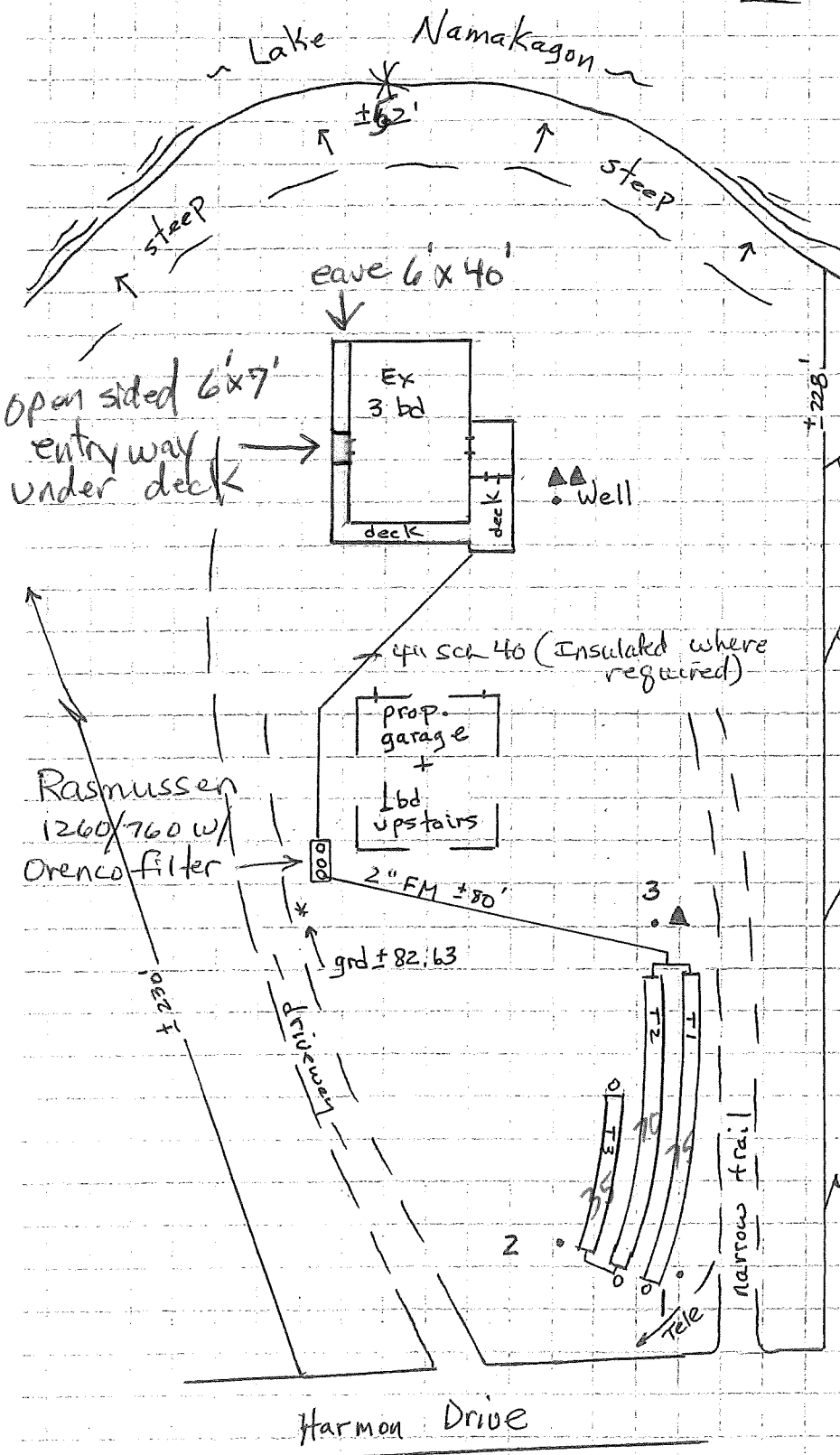
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <i>19-015</i>	# of bedrooms: <i>4</i>	Sanitary Date: <i>1-2-19</i>
Permit Denied (Date):		Reason for Denial:		
Permit #: <i>19-0247</i>		Permit Date: <i>7-26-19</i>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <i>Had talked to contractor before site visit to roachin project</i>			Zoning District <i>(R-1)</i> Lakes Classification <i>(1)</i>	
Date of Inspection: <i>7/25/19</i>	Inspected by: <i>[Signature]</i>		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
Signature of Inspector: <i>[Signature]</i>			Date of Approval: <i>7/26/19</i>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

owners: Peter L., Katherine K Rottier Trust
 3 Brady Place
 Menio Park, CA. 94025
 650-269-9655

Legal: Bayfield Co., Namakagon Twp
 #04-034-2-43-06-14-3 05-002-10000
 PL Govt 2 S 14 T 43 N R 06 W
site: 43350 Harmon Dr.



N
 scale 1" = 40'

▲ BM 100' Top of 6"x6"
 treated Timber by new
 electric meter
 ▲▲ BM 88.83' Top of Well
 B 1.98.5'
 2.96.7'
 3.95.9' DEC 18 2010
 .7 50.15
 Tr 1,2 upper elev 95.5'
 Tr 3 lower 94.5'
 ground by new st/p 82.63'

Proposed Pump off = 77' ±

Dennis Rasmussen
 MP # 221516
 12/17/18

City, Village, State or Federal
May Also Be Required

LAND USE - X
SANITARY - 19-01S
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0247** Issued To: **Peter & Katherine Rottier**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **14** Township **43** N. Range **6** W. Town of **Namakagon**

Par in
Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Shed Roof Under Eave (7' x 6') (40' x 6') = 282 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

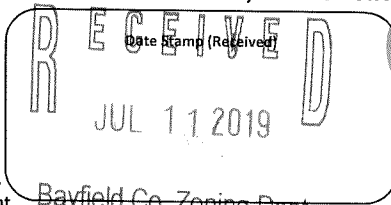
Authorized Issuing Official

July 26, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0241
Date:	7-24-19
Amount Paid:	\$175 7-11-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER			
Owner's Name: Laure A. Wells				Mailing Address: 17757 Kingsway Path				City/State/Zip: Lakerville				Telephone: 					
Address of Property: 42560 Rock Lake Rd Unit B				City/State/Zip: Cable WI 54821				Cell Phone: 9522213215									
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:					
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT LOCATION Lakewood Forest Legal Description: (Use Tax Statement) Ridges Condominium		Tax ID# 25286		Recorded Document: (Showing Ownership)													
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) No.		Block(s) No.		Subdivision:	
Section 21, Township 43N, Range 06 W				Town of: Namakagon				Lot Size .042				Acreage					

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> on-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sewage</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Short Term Rent	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 55	Width: 40	Height: 25

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) <u>Short Term Rentals Use</u>	(55 X 40)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Laure A Wells
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 3-27-19

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 17757 Kingsway Path, Lakerville MN 55044
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Applying for short term rental permit.

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	8 Feet	Setback from Wetland	Feet
Setback from the South Lot Line	2 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	8 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	8 Feet		
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	10 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 297862		# of bedrooms: 4/4 (8)		Sanitary Date: 4/29/99	
Permit Denied (Date):		Reason for Denial:					
Permit #: 19-0241		Permit Date: 7-24-19					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:		Zoning District: 12-RB					
Date of Inspection: 7/24/19		Inspected by: [Signature]				Lakes Classification: (-)	
Condition(s): Town, Committee or Board Condition:		Date of Re-Inspection:					
Signature of Inspector: [Signature]		Condition: Maximum occupancy limited to 4 Bedrooms based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax.					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
Date of Approval: 7/24/19		* Agree To Town of Namakagon Short Term Rental Conditions.					



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 297862 (4/29/1999)
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0241** Issued To: **Laurie Wells**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **21** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **3** Block Subdivision **Lakewoods Forest Condominium** CSM#

For: **Residential Other: [1- Story; 1 – Unit; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maximum occupancy limited to 4 bedrooms based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax. Adhere to Town of Namakagon Short-term rental conditions (reverse side)

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 24, 2019

Date